IN 1

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



	Check if:	\\	مر				
State Charity Registration Number				Attorney General's ()	ffice		
ASIAN COMMUNITY CENTER OVALLEY, INC. DBA ACC SEN	Change of address NOV 2 0 2017  Amended report						
Name of Organization				Registry of Charitable Trusts			
			Corporate or Organization No. 0648479				
State ZIP Code			Federal Employer I.D. No. 94-2271380				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Annual Revenue Fee		Gross Annual Revenue		Gross Annual Revenue		Fee	
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 millio		\$150	
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 millio	n \$75	Between \$10,000,001 and \$50 milli		\$225	
PART A — ACTIVITIES Greater than \$50 million \$300							
For your most recent full accounting period (beginning 1/01/16 ending 12/31/16 Victory)							
_			<del>-</del> -	12/31/16 ) list:			
PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.							
1 During this reporting period, were	there an	N contracto la santi			Yes	No	
director or trustee had any financia	interes	st?	ntity in which an	y such officer,		X	
2 During this reporting period, was there property or funds?	e any the	eft, embezzlement, diversion or misu	use of the organi	zation's charitable		X	
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?						X	
During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						X	
During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.							
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.  SEE STATEMENT 1							
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.							
Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the charity or whether the program is operated by the program is operated b							
9 Did your organization have prepared an audited financial statement in accordance with						븨	
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Organization's area code and telephone number (916) 394-6399							
Organization's e-mail address DLY@ACCSV.ORG							
declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge							
And And I							
DONNA L. YEE, PH. D. CEO							
3. Controlled officer	Printed Na	ame Titl		Date			



2016

## **California Statements**

Asian Community Center of Sacramento Valley, Inc. dba ACC Senior Services

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11/08/17

12:56PM

Statement 1 Form RRF-1, Part B, Line 5 Fundraisers Used

Lester Consulting 715 University Avenue Sacramento, CA 95825 (916) 569-2890

Statement 2
Form RRF-1, Part B, Line 6
Government Agency That Provided Funding

Area 4 Agency on Aging 2260 Park Town Circle Sacramento, CA 95825

Statement 3
Form RRF-1, Part B, Line 8
Vehicle Donation Program Information

Area 4 Agency on Aging 2260 Park Town Circle Sacramento, CA 95825